	I		3 <b>49 (</b> 1 2	Rev. 1/09)	STA	TIST	ICAL	. ANA	LYS	IS AI	ND S	UBS	EQUI	ENT F	HIGHWA	IOTOR VEHICLES. THE DATA IS COLLECTED FOR SAFETY PROGRAMMING. DETERMINATIONS OF OF THE STATE'S COURTS.  Do not write in these spaces	8					
1		No. o	f Units	] s involved	Form	1	_ of _	1	-		Su	ple	men	tal Re	port	☐ Non-Reportable	9					
3			Date 03/2	011				Count	,						ime 7:15	Local Use/Patrol Area  Date Received by DMV  11-012174-8313-C-2						
<sup>2</sup>	L	33 Roa	Relati	on to	5 6	Cras	h ed	X Ir	n lear	(	AR	NE	 R			or · Miles N S E W outside municipality	10 31					
	C A			- 1900 S		G DE	₹	ш			ı	∕lunici	pality	[		R Crossing # ) · Miles 30 ft. N S E W						
3	T		High	way Number, or High	way, Street. (If ra	amp or serv	ice road, ir							Servi	ce Road	N.N. Clossing # iii N S E VV	11					
1	O N	X í	-rom	SPRIN Use Highwa	IG DR sy Number, Stree	et Name or	Adjacent C	County or S	itate Line					][][ S	X tov	ard Use Highway Number, Street Name or Adjacent County or State Line Longitude	30					
	UNI	T# _	1	X VEHICL	.E _	PED	ESTR	RIAN		]ніт	& R	JN			MERCIAL HICLE	Altitude UNIT# _2 XVEHICLE PEDESTRIAN HIT & RUN OTHER						
4	Driver MEGAN ASHLEY DAVIS										DA	VIS		.0		Driver GUY EDWIN WHITE						
1	First Middle Last Address 1912 SPRING DR											Last				First Middle Last						
5																Address 200 WEBFOOT DR						
	City GARNER State NC Zip 27529-3431												2	7529	9-3431	City         GARNER         State         NC         zip         27529-6738						
	Same Address on Driver's Phone W (919) 827-0745  License? Xyes No Numbers W (919) 834-5278														Same Address on Driver's Driver's H Phone License? X Yes No No Numbers W (919) 772-8810							
6	24683495 D.L. C NC									.L.			C+	oto	NC	Numbers W (919) 7/2-0010						
			DL Li	cense	34 \/ici	on	_	31		lass -						CDL License Class — Cl						
	DOB 05/07/1988 34 Vision 0 35 Physical 1 36 D.L. 0 Condition — Restrictions —							ion		— F	estri	ctions		DOB 05/30/1976 34 Vision 0 35 Physical 1 36 D.L. 0 Condition Condition								
7 1	37 Alcohol/ Drugs Suspected 0 38 Alcohol/ 0 (if known) 0 Seizure (DWI) 37 Alcohol/ Drugs Suspected 0 Drugs Test 0 (if known) 0 Seizure (DWI) 37 Alcohol/ Drugs Suspected 0 Drugs Test 0 (if										<sup>15</sup> 21											
Owner MEGAN ASHLEY												VIS	3			Owner TOWN OF GARNER						
	Same as Driver? Address 1912 SPRING DR															Same as Driver? Address 900 SEVENTH AVE						
		Same Address as Driver?												750	0.0401	Same Address as Driver?						
	City GARNER State NC Zip 27529-3431											•				,	18					
	Plate #XPT4785 Plate NC Plate Year 2011										C_			2	011	Plate # 92473R Plate NC Year 2899	10					
	VIN1HGCG2250XA001958														19							
	Vehi Make		ONI	DA ,	√ehicle Year –	199	9 4	11 Ve Style	hicle (Type	e) —	1		Veh		X Yes	/ehicle FORD Vehicle 1998 41 Vehicle 31 42 Vehicle ∑ Yes Make Year Style (Type) — Drivable No						
												1,2	00.0	00		43 TAD_ LBQ-2						
	Insu	ance	ST	ATE FAI	RM MU	JTU	AL A			•	LE I	NS	СО			Insurance JONES INSURANCE AGENCY, INC.						
	Police	pany	33-1	1829U38	3											Policy # BA3347X664						
				IAL VEHI		rgo,	Carri	er Na	ame,	Add	ress	Sou	ırce			Carrier Identification Numbers, GVWR, Axles	1					
	Unit	_	4	45 Cargo B	ody Typ	е		_ [	Sar	ne Ad	ldres	s as	Owne	er?	Truck	LIS DOT# ICC# Axles on Vehicle						
													_		Shipping papers	US DOT# ICC# Axles on Vehicle    State State # IFTA#    IFTA# IFTA#						
													_	_		FEI# Fleet# Gross Vehicle Weight Rating						
	21 22 23 24 25 26 27 28 29 30 31 32 Names and A										30	31	32			Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc See Above); Use check blocks if						
Α	1	1	1	Unit 1-Drv 1, etc. see abov		W		2	1	0	2	1	5	see		1 Towed To/By: N/A / N/A	Ī					
В	2	1	1	Unit 2-Drv 2, etc. see abov	Ped 2,	W	М	2	1	2	2	1	5	see above	Veh# _	2 Towed To/By: N/A / N/A	1					
С				1 1										H								
D																	†					
																	+					
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G										<u> </u>							+					
										<u> </u>							+					
Н																	1					
	46 N	lame	of EN	IS A,B-N/A		10000										46 Name of EMS						
		njured MS to	l Take	A,B-NO	T TRAN (Treatr				ty or 1	Town)						47 Injured Taken						

			Form	1_of_1		Loca	al Use/Patrol Area:	11-0121	74-8313-C-2			
48 POINTS OF INITIAL Unit# 1 8	,14		VEHICLE IN	NFO.	Veh# 1	Veh# _2	ROADWAY IN	FO.	WORK ZON	E RELATED		
(Write in Codes) Unit# 2 7			60 Authorized Speed Limit		25	25	69 Road Feature	0	78 Workzone Area	5		
CRASH SEQUENCE (Unit Level)	1	Unit# _2	61 Estimate of Original Tra		5	20	70 Road Character	1	79 Work Activity			
49 Vehicle Maneuver/Action	Unit#	Unit#	62 Estimate of Speed at Im		5	25	71 Road Classification	6	80 Work Area Marked			
50 Non-Motorist Action			63 Tire Impressions Before	-	0		72 Road Surface Type	3	81 Crash Location			
51 Non-Motorist Location Prior to Impact			64 Distance traveled After		0	0	73 Road Configuration	2	TRAILER INFO.	Linit# 1	2	
52 Crash Sequence - First Event for This Unit	31	30	65 Emergency Vehicle Use			-	74 Access Control	1	82 Trailer Type	Unit# U	<sub>Jnit#</sub> _2	
· · · · · · · · · · · · · · · · · · ·	30	- 00					75 Number of Lanes	2	1st Trailer No. Axles			
53 Crash Sequence - Second Event 54 Crash Sequence - Third Event	30		66 Post Crash Fire (if "Yes					0	Width (inches)			
·			67 School Bus - Contact Vo				76 Traffic Control Type  77 Traffic Control Oper	-	Length (feet)			
55 Crash Sequence - Fourth Event	30	30			Ш		77 Tranic Control Oper	Traffic Control Oper				
56 Most Harmful Event for This Unit			COMMERCIAL VEHICLE Haz Mat Placard	: Hazardous Mater			Unit —		Width (inches)			
57 Distance/Direction to Object Struck	0	3	Hazardous Cargo	4-digit placard number or 1-digit number from								
58 Vehicle Underride/Override 3			_			m diamond o			83 Unit # Overwidth Trailer	Overwidth Permit	L#	
59 Vehicle Defects  84 DIAGRAM	7	7	Carrying Haz Mat	Yes No					and Overwidth Mobile Home			
Indicate North  1		$\overline{\mathbb{V}}$	44 4000 0000000		ring Dr	X Travi	PVA 1900 S					
Uliil# was	ULLLI V S E V	×	/A 1900 SPRING	DR Ur	nit# 2 was		ed Facing N S E	₩ on <u>P\</u>	/A 1900 SPRING	DR		
85 NARRATIVE (Include spentime and consumal aspects, which are not VEH #2 WAS TRAVELING ON SOUTH ON THE PVA OF 1900 SPRING DR. VEH #1 WAS BACKING OUT OF A DESIGNATED PARKING SPACE. VEH #2 ATTEMPTED TO SPEED UP TO AVOID THE CRASH BUT VEH #1 STRUCK VEH #2 IN THE LEFT REAR QUARTER PANEL.  THIS REPORT CONTAINS HEARSAY AND THE SUBJECTIVE OPINION OF THE INVESTIGATING OFFICER												
				ADDITIONAL PR	ROPERTY DA	MAGF			State —			
86 Type/ Owner			Owner Address Phone			wrote			Property? Esti	mated nage \$		
Name		Address		WITN	IESSES —			Pho	one No.			
Name		- Address						Pho	one No.			
				TRAFFIC	VIOLATION(S	) —						
Name		Charge(s) Ditation # optional)										
Name Officer Name		Charge(s)	Officer Number	D	tmont					Date of Report		
Officer Name			1175	Depart GARNER		DEDAR	TMENT			06/03/201	11	